

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|-----------------------------|---|-----------------------------------|
| |) | Confirmation No.: 3078 |
| |) | Group Art Unit: 2163 |
| Applicants: CHILDERS et al. |) | Examiner: Angela M. Lie |
| |) | RESPONSE TRANSMITTAL |
| Application No.: 10/801,438 |) | |
| Filing Date: March 15, 2004 |) | Docket No.: G08.129 |
| |) | |
| For: LINK ANALYSIS MAPPING |) | PTO Customer Number 28062 |
| PROGRAM RISK MANAGEMENT |) | Buckley, Maschoff & Talwalkar LLC |
| |) | 50 Locust Avenue |
| |) | New Canaan, CT 06840 |
| |) | |

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing are:

1. ☒ Fee as calculated and transmitted as described below
2. ☒ Amendment/Response to Non-Final Office Action mailed May 1, 2007

FEE CALCULATION

| For | Current | Prev. Paid | No. Extra | Rate | Fee |
|--|---------|------------|-----------|-----------|---------------|
| Total Claims | 14 | - 15 | 0 | \$ 50.00 | \$ 0.00 |
| Indep. Claims | 5 | - 5 | 0 | \$ 200.00 | \$ 0.00 |
| Multiple Dependent Claims (add \$300.00 if applicable) | | | | | \$ 0.00 |
| OTHER FEE (specify purpose): | | | | | \$ 0.00 |
| TOTAL FEE | | | | | \$0.00 |

Credit Card Authorization Payment Form in the amount of **\$ 0.00** is enclosed.

The Commissioner is hereby authorized to charge and credit Deposit Account No. 50-1852 as described below. A duplicate copy of this sheet is enclosed.

- ☒ Credit any overpayment.
- ☒ Charge any additional fees required under 37 CFR 1.16 and 1.17.

Respectfully submitted,

July 2, 2007
Date

/Randolph P. Calhoun/
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